

Business Consent

Complete this form to consent to the release of confidential information about your program account(s) to the representative named below, or to cancel consent for an existing representative. **Send this completed form to your tax centre (see Instructions).** Make sure you complete this form correctly, since we cannot change the information that you provide. You can also give **or** cancel consent by providing the requested information online through My Business Account at www.cra.gc.ca/mybusinessaccount.

Note: Read all the instructions before completing this form.

Part 1 – Business information – Complete this part to identify your business (all fields have to be completed)

Business name: _____ BN:

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Part 2 – Authorize a representative – Complete either (a) or (b)

(a) Authorize access by telephone, fax and by mail

If you are giving consent for an individual, enter that person's full name. If you are giving consent to a firm, enter the name and BN of the firm. If you want us to deal with a specific individual in that firm, enter **both** the individual's name and the firm's name and BN. If you do not identify an individual of the firm, then you are giving us consent to deal with anyone from that firm.

Note: If you are authorizing a representative (individual or firm) who is not registered with the "Represent a Client" service, the phone number is required.

Name of individual: _____ Telephone number: _____

Name of firm: _____ BN:

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OR

(b) Authorize online access (includes access by telephone, fax and by mail)

You can authorize your representative to deal with us through our online service for representatives. The BN must be registered with the "Represent a Client" service to be an online representative. **Our online service does not have a year-specific option, so your representative will have access to all years.**

You **must** enter **one** of the following options:

- the ReplID **and** the name of the **individual**; **or**
- the GroupID **and** the name of the **group**; **or**
- the BN **and** the name of the **firm**.

ReplID:

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and Name of individual: _____

or

GroupID:

G							
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and Name of group: _____

or

BN:

8	3	1	0	8	2	0	8	6
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and Name of firm: Counter Tax Lawyers Professional Corporation

Telephone number: 416.218.5263

Part 3 – Select the program accounts, years and authorization level

(a) Program Accounts – Select the program accounts the above individual, group or firm is authorized to access.

Tick only **one** box, (i) or (ii).

- (i) This authorization applies to all program accounts and all years.

Expiry date:

Y	Y	Y	Y	M	M	D	D
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and

Authorization level (tick level 1 or 2)

Level 1 lets CRA disclose information only on your program account(s);

or

Level 2 lets CRA disclose information **and** accept changes to your program account(s).

or

- (ii) This authorization applies only to program accounts and periods listed in Part 3(b).
If you select this option, you must complete 3(b).

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(b) Details of program accounts and fiscal periods – Complete this area **only** if you ticked box (ii) in Part 3(a) on page 1.

If you ticked box (ii) in part 3(a), you have to provide at least one program identifier (see Instructions on page 1). You can then tick the box "All program accounts" for that program identifier **or** enter a reference number. Provide the authorization level (tick **either** the "Authorization level 1 box" to allow the CRA to disclose information **or** "Authorization level 2 box" to disclose information **and** accept changes to your program account).

You can also tick the box "All years" to allow unlimited tax year access **or** enter a specific fiscal period (specific period authorization is **not available** for online access). You can also enter an expiry date to automatically cancel authorization. If more authorizations or more than four program identifiers are needed, complete another Form RC59.

Program identifier	All program accounts	Reference number	Authorization level	All years	or	Specific fiscal period (not available for online access)	Expiry date
			1 2			Year-end	
<input type="text"/>	<input type="checkbox"/> or	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> or	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> or	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="checkbox"/> or	<input type="text"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	or	<input type="text"/>	<input type="text"/>

Part 4 – Cancel one or more authorizations – Complete this part **only** to **cancel** authorization(s)

- A. Cancel all authorizations on **all** accounts.
 - B. Cancel all authorizations, only for the individual, group, or firm identified below.
 - C. Cancel all authorizations for a specific program account:

Program identifier:	<input type="text"/>	Reference number:	<input type="text"/>
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 - D. Cancel authorization for the individual, group, or firm identified below for the following program account:

Program identifier:	<input type="text"/>	Reference number:	<input type="text"/>
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- ReplID: **and** Name of individual: _____
 or
 GroupID: **and** Name of group: _____
 or
 BN: **and** Name of firm: _____

Part 5 – Certification

This form **must** be signed by an authorized person of the business such as an owner, a partner of a partnership, a director of a corporation, an officer of a non-profit organization or a trustee of an estate.
 By signing and dating this form, you authorize the CRA to deal with the individual, group, or firm listed in Part 2 of this form or cancel the authorizations listed in Part 4.

First name: _____ **Last name:** _____
Signature: ▶ _____ **Date:**

The CRA will not process this form unless it is signed **and** dated by an authorized person of the business.
 This form must be received by the CRA within six months of its signature date.
 If it is not received in this time it will not be processed and will be returned to the business.